



# BARRIERS TO CLINICAL PERCEPTION: UNDERSTANDING PRATYAKSHA ANUPALABDI HETU

Dr. Ravikumar A S<sup>1</sup>, Dr. Chetan M<sup>2</sup>, Dr. Sumanth R<sup>3</sup>

<sup>1</sup>PG Scholar, Department of Ayurveda Samhita and Siddhanta,  
<https://orcid.org/0009-0005-4185-7590>

<sup>2</sup>Professor and Head, Department of Ayurveda Samhita and Siddhanta,

<sup>3</sup>Assistant Professor, Department of Ayurveda Samhita and Siddhanta,  
Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan.

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## ABSTRACT

### Introduction

Pratyakṣa (direct perception) is the primary Pramāṇa for Roga Rogi Parikṣa (clinical examination). It is the primary diagnostic tool for assessing the Trisutra. The sensory perception is not infallible, identifying eight specific Pratyakṣa Anupalabdi hetu (impediments) that distort or obstruct clinical reality. This study explores the physiological and psychological underpinnings of these impediments – ranging from Atisannikarṣa (extreme proximity) to Atisaukṣmya (extreme minuteness) – and seeks to provide their modern scientific equivalents and clinical manifestations.

### Aims and objectives

To critically analyze the eight factors of sensory obstruction (Pratyakṣa Anupalabdi hetu) as described in the Caraka Samhita and to establish their clinical relevance and scientific equivalents within the framework of modern diagnostic methodology.

**Methods:** A qualitative analysis was conducted using the Charaka Samhita as the primary source. Each of the eight Anupalabdi hetu – ranging from spatial limits (Atidura, Atisannikarṣa) to cognitive disconnects (Manonavasthana) – was evaluated using specific Nyayas (logical maxims). Clinical correlates were integrated to validate the framework.

### Results

While Pratyakṣa (Direct Perception) is classically prioritized as the most immediate and vivid form of cognition, arising from the harmonious Sannikarṣa of the Atma, Manas, Indriya, and Artha, it is not an infallible instrument. By applying Nyayas, which offer the logical framework required for interpretation, the scientific clarity of these senses is further enhanced.

**Discussion and Conclusion:** The Pratyakṣa Anupalabdi Hetu are not merely historical observations but represent a sophisticated system. The analysis concludes that Pratyakṣa must be systematically filtered through Yukti (reasoning) to reach Yathārtha-Jñāna. By this Clinicians are able to overcome sensory limitations. To reduce diagnostic fallibility, a combination of diagnostic strategy that combines traditional logical principles with modern tools is advised.

**KEYWORDS:** Pratyakṣa Anupalabdi Hetu, Nyaya, Yukti.

## INTRODUCTION

Accurate knowledge only emerges during Pratyakṣa (direct perception) when the Indriya, Indriyārtha, Atma, Manas, interact harmoniously. But perception isn't perfect all the time. This procedure is hampered by a number of obstructive factors that keep the observer from gaining accurate and clear knowledge.

Pratyakṣa Anupalabdi Hetu [1] are the term for these impediments. They function as obstacles that warp, restrict, or totally obstruct perception, resulting in an inaccurate or insufficient comprehension of a thing or phenomena. Excessive distance, extreme proximity, the object's minuteness, faults in the sense organs, mental inattention, intervening impediments, overpowering stimuli, or object similarity can all cause these kinds of hurdles. Recognizing these Anupalabdi Hetu is essential

because they reveal the limitations of sensory perception and remind the observer to carefully evaluate the conditions under which knowledge is obtained, thereby ensuring greater accuracy in observation and interpretation.

The Charaka Samhita defines the physician's task through the Trisutra [2] framework: Hetu, Linga and Aushadha. To master these, a physician must navigate the Pramāṇa Vigyāna [3]. Among the four Pramāṇas - Aptopadesha, Pratyakṣa, Anumāna and Yukti. Pratyakṣa is the most immediate. It is the first-hand witness to the patient's suffering.

Pratyakṣa is not merely the act of seeing; it is a complex Sensory-intellectual chain involving the Atma directing the Manas, which in turn activates the Indriya to grasp the Artha [4].



If any link in this chain is compromised, the resulting knowledge is *Ayathartha*. *Charaka's* identification of the *Pratyaksha Anupalabdi hetu* is a testament to the scientific rigor of ancient *Ayurveda*, acknowledging that the observer effect and environmental limitations can distort clinical reality.

#### Why do we need to study *Pratyaksha Anupalabdi hetu* today?

1. It teaches us that seeing is not always believing. By understanding the factors that distort our vision, we

become more skeptical of first impressions and more analytical of the data we consume.

2. It highlights the role of the *Manas* [5]. If our internal state is cluttered, our external perception will be flawed.
3. It validates the need for tools. Since we know our senses have limits (*Saukshmya/Atidura*), we justify the necessity of microscopes, telescopes, and data verification to overcome our biological "obstructions."

#### Obstacles and Today's Challenges

| Factor                       | Meaning                             | Scientific Equivalent                      | Application                                                                                                           |
|------------------------------|-------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <i>Atidura / Atisamipyra</i> | Distance (Too far or too close).    | Perspective Bias                           | Being "too close" to a personal problem to see it objectively, or "too far" from a global crisis to feel its reality. |
| <i>Avarana</i>               | Physical or mental barriers.        | Confirmation Bias                          | Algorithms acting as "walls" that prevent you from seeing information that contradicts your existing beliefs.         |
| <i>Karana dourbalya</i>      | Impairment of the senses.           | Sensory Processing Disorder / Degeneration | Digital eye strain or noise-induced hearing loss from constant earbud use affecting perception.                       |
| <i>Manonavastha</i>          | Inattention or a distracted mind.   | Inattentive Blindness                      | Failing to notice a "notification" or a real-world danger because you are focused on a reel/video.                    |
| <i>Samana-abhiahara</i>      | Blending with similar things.       | Signal Detection Theory / Camouflage       | Difficulty distinguishing a AI-generated bot from a real human in a comment section.                                  |
| <i>Abhibhava</i>             | Suppression by a stronger stimulus. | Salience Bias                              | Focusing on a loud, flashy headline (the "sun") while ignoring the nuanced data underneath (the "stars").             |
| <i>Saukshmya</i>             | Extreme subtlety or minuteness.     | Threshold of Perception                    | Concepts like "Micro-aggressions" or "Micro-plastics"—things that exist but are too small for immediate detection.    |

#### The framework applies the logical rigor of *Nyayas* to recognize the basic errors of clinical perception.

##### 1. *Atisannikarsa* (Excessive Proximity)

**Definition:** When an object is too close to the eye to be in focus. Perceptual failure occurring when an object is positioned too close to the sense organ.

- **Textual Example:** *Anjana* (Collyrium) applied directly to the eye is not visible to the eye itself because of its extreme nearness.
- **Clinical Example 1:** Digital Oscopes are often used to avoid this "too short" proximity issue. By projecting the image onto a screen, the clinician removes the physical limitation of the eye's near point, allowing for a high-resolution view that isn't limited by the lens-to-eye distance.
- **Clinical Example 2:** Once your finger gets within approximately 8–10 cm of your eye, it will suddenly become blurry, no matter how hard you try to focus.
- **Justification:** Human vision has a physiological limit of accommodation, requiring a minimum distance—typically 25 cm to maintain a clear focal point. Maintain the minimum physiological distance for distinct vision.
- **Nyaya:** *Kaka- Akshigolaka Nyaya* (The Maxim of the Crow's Eye). Just as a crow is said to shift its single vision between two sockets, the physician must shift the "focal point" of their attention and the physical object to find the sweet spot of text for clear vision.

##### 2. *Ativiprakarsha* (Excessive Distance)

**Definition:** When an object is too far away to be seen. The inability to resolve the natural attributes of an object because it is beyond the functional range or field of the sense organ.

- **Textual Example:** A bird flying at a very high altitude in the sky cannot be clearly identified by its species or features.
- **Clinical Example 1:** A physician failing to identify the exact margins or color variations of a skin lesion when observing a patient from across a large ward.
- **Clinical Example 2:** The failure to detect subtle tremors or a specific abnormal gait (*Skhalita Gati*) when a patient is viewed from a significant far distance.
- **Justification:** Visual accommodation and the field of sensory perception have finite physical dimensions; at excessive distances, the eye can detect an object's presence but cannot resolve its "*Yathartha*" (true nature).
- **Nyaya:** *Chhatrino Gachchhanti Nyaya* (The Maxim of the Umbrella-Bearers). When seeing a group from afar, one might say "the umbrella-bearers are going," even if only one person has an umbrella. At a distance, the mind generalizes. The physician must be wary of "generalizing" a diagnosis from across the room.



### 3. Avarana (Obstruction or Masking)

**Definition:** When something physically blocks your view. The presence of an intervening physiological or pathological barrier that masks the object from the sense organ.

- **Textual Example:** Objects or people located behind a thick wall or non-transparent screen.
- **Clinical Example 1:** Thick adipose tissue masking the palpation of internal organ margins, such as an enlarged spleen or prostate.
- **Clinical Example 2:** Pathological masking where a stronger *Dosha* (*Avaraka*) covers the manifestations of a weaker one (*Avruta*), such as *Kapha* covering the movement of *Vata*.
- **Justification:** Direct perception requires unhindered contact (*Sannikarsha*) between the sense and object; a barrier breaks this chain, rendering the object unperceivable despite its presence. Proper *Yukti* to analyze etiological factors and give *Upashaya* to identify the "hidden" obstructed factors. Endoscopy and laparoscopy allow clinicians to bypass the external "cover" of the body.
- **Nyaya: Bijankura Nyaya** (The Maxim of the Seed and the Shoot). We cannot see the seed when it is covered by soil (*Avarana*), but we see the shoot (the symptom). By seeing the "shoot" of the disease, we know the "hidden seed" exists beneath the obstruction.

### 4. Karana Daurbalya (Sensory Defect)

**Definition:** When the sense organ is broken or weak. Functional impairment, physical injury, or developmental debility of the sensory apparatus itself.

- **Textual Example:** A deaf person unable to hear or a blind person unable to see despite the object's presence.
- **Clinical Example 1:** The loss of taste (*Ageusia*) or smell (*Anosmia*) seen in viral infections like COVID-19, which prevents accurate patient reporting of tastes.
- **Clinical Example 2:** Age-related hearing loss (*Karna Badhirya*) preventing a physician from identifying faint heart murmurs or crepitus in joints.
- **Justification:** Perception is tool-dependent; if the *Karana* is weak or diseased, it cannot transfer external stimuli to the mind for processing. By Employing *Indriya-Prasadana* therapies like *Nasya* and *Karna Purana*. Supplement findings with objective tools like stethoscopes or audiometers to bypass human sensory limits.
- **Nyaya: Andha-Gaja Nyaya** (The Maxim of the Blind Men and the Elephant). If the *Karana* (organ) is defective, the physician will only perceive "part" of the disease (like a blind man feeling only the elephant's trunk) and mistake it for the whole.

### 5. Manonavasthana (Inattention of Mind)

**Definition:** When your mind is "somewhere else" and you don't notice what is in front of you. Failure to perceive an object because the *Manas* is distracted, unstable, or not connected to the sensory-intellectual chain.

- **Textual Example:** A person deeply lost in emotional thoughts who fails to notice events happening directly in their environment.
- **Clinical Example 1:** A physician who is "mentally absent" might look directly at a patient's discolored tongue but fail to cognitively recognize the sign.
- **Clinical Example 2:** Cognitive processing errors in conditions like ADHD where the sensory organs are healthy, but mental instability prevents accurate data retention.
- **Justification:** The mind acts as the bridge between sensory input and motor response; if it is "located elsewhere," the data is never transferred to the intellect or soul. By Practicing *Sattvavajaya* and ensure a stable, focused mind during diagnosis. Utilizing *Aptopadesha* as a systematic checklist to guide attention.
- **Nyaya: Dagdha-rajju Nyaya** (The Maxim of the Burnt Rope). A burnt rope looks like a rope but cannot bind anything. Similarly, an inattentive eye "looks" like it is seeing, but it fails to "bind" the data to the intellect.

### 6. Samanabhihara (Mixture with Similars)

- **Definition:** When an object gets lost in a crowd of similar things. Difficulty in isolating or distinguishing a specific object when it is mixed among other highly similar objects or stimuli.
- **Textual Example:** A single fresh fruit fallen into a basket of identical fruits, making it hard to find.
- **Clinical Example 1:** The challenge of differential diagnosis when a patient presents with generalized diarrhea, which is common to IBS, food poisoning, and Crohn's disease.
- **Clinical Example 2:** Attempting to identify a specific blood group or sample if it becomes mixed with similar laboratory specimens.
- **Justification:** *Sadrushya* (Similarity) creates a cognitive blur where the unique attributes of a specific pathology are lost within a mass of similar data points. By Rigorous application of *Nidana Panchaka* and *Yukti* to isolate unique pathological signatures through detailed case history and logic.
- **Nyaya: Hamsa Ksheera Nyaya** (The Maxim of Milk and Water). Just as a mythical swan separates milk from water, the physician uses *Yukti* to separate the "Milk" (the actual pathology) from the "Water" (similar but irrelevant symptoms).

### 7. Abhibhava (Overpowering)

**Definition:** Suppression by a Stronger Stimulus. A dominant, more prominent stimulus suppresses or masks a weaker, recessive stimulus.

- **Textual Example:** Stars are present in the sky during the day but remain invisible due to the overpowering light of the sun.



- **Clinical Example 1:** Loud respiratory sounds during auscultation making it difficult for the physician to grasp underlying faint cardiac murmurs.
- **Clinical Example 2:** Severe excruciating acute pain masking the subtle vital signs of an underlying chronic systemic imbalance.
- **Justification:** When two stimuli compete, the stronger one overpowers the sensory threshold, causing the recessive stimulus to remain unperceived. By Isolating stimuli by controlling the environment (e.g., asking the patient to hold their breath to isolate heart sounds). Use reasoning to peer through the "glare" of dominant symptoms.
- **Nyaya: Simhavalokana Nyaya** (The Maxim of the Lion's Backward Glance). A lion kills its prey but looks back to ensure no other threats exist. A physician must treat the overpowering acute pain but look back to see the subtle, chronic cause that the pain is masking.

## 8. Atisaukshmya (Extreme Minuteness)

**Definition:** When an object is simply too small to be seen by the naked eye. The inability of the sense organs to perceive objects that are below the threshold of macroscopic visibility.

- **Textual Example:** Microscopic microbes or the subtle movement of *Doshas* in the channels.
- **Clinical Example 1:** A clinician looking at a urine sample with the naked eye may see clear liquid, but under a microscope, they find bacteria or crystals. These objects are present (*Sat*), but their *Saukshmya* (minuteness) prevents direct naked-eye *Pratyaksha*.
- **Clinical Example 2:** The inability to witness the subtle *Dosha* imbalance, seeing the early stage of a disease before *Rupa* appear.
- **Justification:** The human visual system has a fixed resolution threshold; factors that are microscopic are beyond the range of macroscopic *Pratyaksha*. By Utilizing *Anumana* to determine imperceptible objects based on cause-effect relationships (e.g., inferring *Agni* by the ability to digest). Extend perception via microscopy and laboratory analysis.
- **Nyaya: Dhuma-Agni Nyaya** (The Maxim of Smoke and Fire). When *Acharya Charaka* identifies *Atisaukshmya* as a barrier, he is essentially saying that the "Fire" (the pathology) is hidden. The *Nyaya* provides the intellectual permission to treat the "Smoke" (the symptom) as absolute proof of the hidden fires presence. Without this logic, a physician would be paralyzed by the inability to "see" the microscopic roots of a disease.

## DISCUSSION AND CONCLUSION

- The *Pratyaksha Anupalabdi hetu* are a sophisticated framework for Diagnostic Quality Assurance. We often rely on technology to solve these barriers. Microscopy solves *Atisaukshmya*; Radiology solves *Avarana*; Telemedicine tries to bridge *Atidura*.

- However, technology often introduces new barriers. An over-reliance on scans can lead to *Manonavasthana* (inattention to the physical patient) or *Samanabhihara* (over-diagnosis based on similar-looking but benign radiological variants).
- The true resolution lies in *Yukti* (Reasoning). *Yukti* is the super-sense that synthesizes data from all *Pramanas*. As *Charaka* states, a physician who knows the combination of factors is superior to one who only sees them. By applying the *Tantrayuktis*, the physician moves from a passive receiver of sensory data to an active processor of clinical intelligence.
- The *Nyayas* serve as the philosophical safety net. They remind the physician that perception is subjective. The *Hamsa Ksheera Nyaya* (Swan's logic) is particularly relevant in the era of Big Data, where the clinician must separate the "milk" of actionable evidence from the "water" of irrelevant clinical noise.
- *Acharya Charaka's* epistemology teaches us that the eyes are only as good as the mind behind them. The *Pratyaksha Anupalabdi hetu* serve as a perpetual reminder of clinical humility. *Pratyaksha Anupalabdi hetu* serves as a timeless reminder of human fallibility. In this generation, where our "senses" are extended by screens and algorithms, recognizing these eight obstructions is essential for maintaining a grip on reality. It encourages us to look beyond the surface and understand the filters—both physical and psychological—that stand between us and the truth.
- Ultimately, a diagnosis is not something a physician finds; it is something a physician builds using the blocks of perception and the cement of logic. By navigating the eight shadows of perception, the clinician reaches the light of *Yathartha-Jnana*—the truth that heals.

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